



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E410907**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	15-00783
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

DATE OF COLLISION	03	-	25	-	2015	TIME (2400)	0658	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN <input checked="" type="checkbox"/> OF	CITY #	0664
-------------------	----	---	----	---	------	-------------	------	----------	----	-------	---	---	--------	------

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

MARKET PL BLOCK NO. ☒ 9100

MILE POST ☐

DISTANCE ☐ MILES ☐ N ☐ E ☐ S ☐ W ☐ OF (REFERENCE OR CROSS STREET) 91ST AVE NE

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE

LAST NAME SMITH FIRST NAME DEDE MIDDLE INITIAL R

STREET NEW ADDRESS 2107 127TH DR NE

CITY LAKE STEVENS ST WA ZIP 982589780

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # SMITHDR224NK STATE WA SEX F D.O.B. MMDDYYYY 08 - 12 - 1978

ON DUTY ☐ STATUS AIRBAG 6 RESTR. 4 EJECT 1 HELMET USE 2 INJURY CLASS 7 NATURE OF INJURIES COMPLAINT OF CHEST SORENESS

LICENSE PLATE # APT2244 STATE WA VIN# JM1GJ1V5XE1105880

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2014 MAKE MAZD MODEL MGG STYLE 4D VEHICLE TOWED YES ☒ NO ☐ TOWED BY SPEEDWAY TOWING GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. JAMES SMITH 2107 127TH DR NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # STATE FARM 190 6269-E15-47

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE

LAST NAME TAFIL FIRST NAME DANIEL MIDDLE INITIAL S

STREET NEW ADDRESS 21830 68TH PL NE

CITY GRANITE FALLS ST WA ZIP 982529380

CDL A RESTRICTIONS ENDORSEMENTS L

DRIVER'S LICENSE # TAFILDS331KC STATE WA SEX M D.O.B. MMDDYYYY 05 - 03 - 1967

ON DUTY ☐ STATUS AIRBAG 2 RESTR. 9 EJECT 1 HELMET USE 2 INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # AFZ8577 STATE WA VIN# 1FMPU18L3XLB15736

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1999 MAKE FORD MODEL EXPDTN STYLE UT VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. DANIEL TAFIL 21830 68TH PL NE GRANITE FALLS WA 98252

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # NATIONAL GENERAL 31488

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



OFFICER'S NAME (PRINT) W. AUKERMAN BADGE OR ID # 72 AGENCY WA0311900



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E410907**

CASE # **15-00783**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		SAMUDRA TIUR T																
ADDRESS & PHONE #		2107 127TH DR NE LAKE STEVENS WA 982589780 4258794463																
		SEX	F	D.O.B.	10			23			2001							
				MMDDYYYY														
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	6	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		AAENSON KATHERINE M																
ADDRESS & PHONE #		6708 MENZEL LK RD GRANITE FALLS WA 98252 4253506708																
		SEX	F	D.O.B.	07			22			1966							
				MMDDYYYY														
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		CAVINAW HEIDI A																
ADDRESS & PHONE #		3615 114TH CT NE LAKE STEVENS WA 98258 4252107877																
		SEX	F	D.O.B.	06			20			1973							
				MMDDYYYY														
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

On 03/25/2015 at about 0658 hours (all times approximate) I was dispatched by police radio to a two vehicle blocking collision with injuries at the intersection of Market Place and 91st Ave NE in the city of Lake Stevens (a traffic light controlled intersection).

Arriving on scene I found one vehicle facing southbound, blocking the northbound lane of 91st Ave NE just south of the intersection of Market Place. The second vehicle which had been involved was able to drive to 1st Place NE and pulled safely off the roadway.

Three witnesses had stopped and completed statements (Aenson, Cavinaw and Goertz).

Based on statements and evidence at the scene it is found that U1 had been traveling westbound on Market Place (from the east) and entered the intersection of 91st Ave (facing a solid green circular traffic light) making a left turn onto southbound 91st Ave. At this same time U2 was traveling eastbound on Market Place (from the west) and also entered the intersection while facing a solid green circular traffic light (having the right of way). U1 crossed into the path of U2 (failing to yield the right of way) resulting in the collision between U1 and U2.

U1 was disabled and blocking the roadway as a result of the collision. The driver of U1 was transported from the scene by aid car due to chest pain and soreness. The juvenile passenger in U1 went with the driver of U1 to the hospital. U1 was towed from the scene by Speedway Towing. The driver of U2 was uninjured and drove his vehicle from the collision scene.

Witnesses confirmed the traffic lights were solid green facing west and eastbound (no green turn arrows) and that U1 had entered the intersection into the path of U2 while making a left turn, failing to yield the right of way to oncoming traffic resulting in a collision.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

W. AUKERMAN		03-25-15 04:14 PM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	DATED
APPROVED BY		DATE	
ROBERT MINER 095		3/25/2015 9:49:54 PM	
BADGE OR ID #	72	ORI #	WA0311900
TIME POLICE DISPATCHED		6:58 AM	
TIME POLICE ARRIVED		6:59 AM	



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E410907**

CASE # **15-00783**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		GOERTZ AMANDA C											
ADDRESS & PHONE # 12004 30TH ST NE LAKE STEVENS WA 98258 4254228684										SEX F	D.O.B. MMDDYYYY 05	12	1970
PASSENGER <input type="checkbox"/>	WITNESS <input checked="" type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				

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I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

W. AUKERMAN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

03-25-15 04:14 PM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

3/25/2015 9:49:54 PM

BADGE OR ID #

72

ORI #

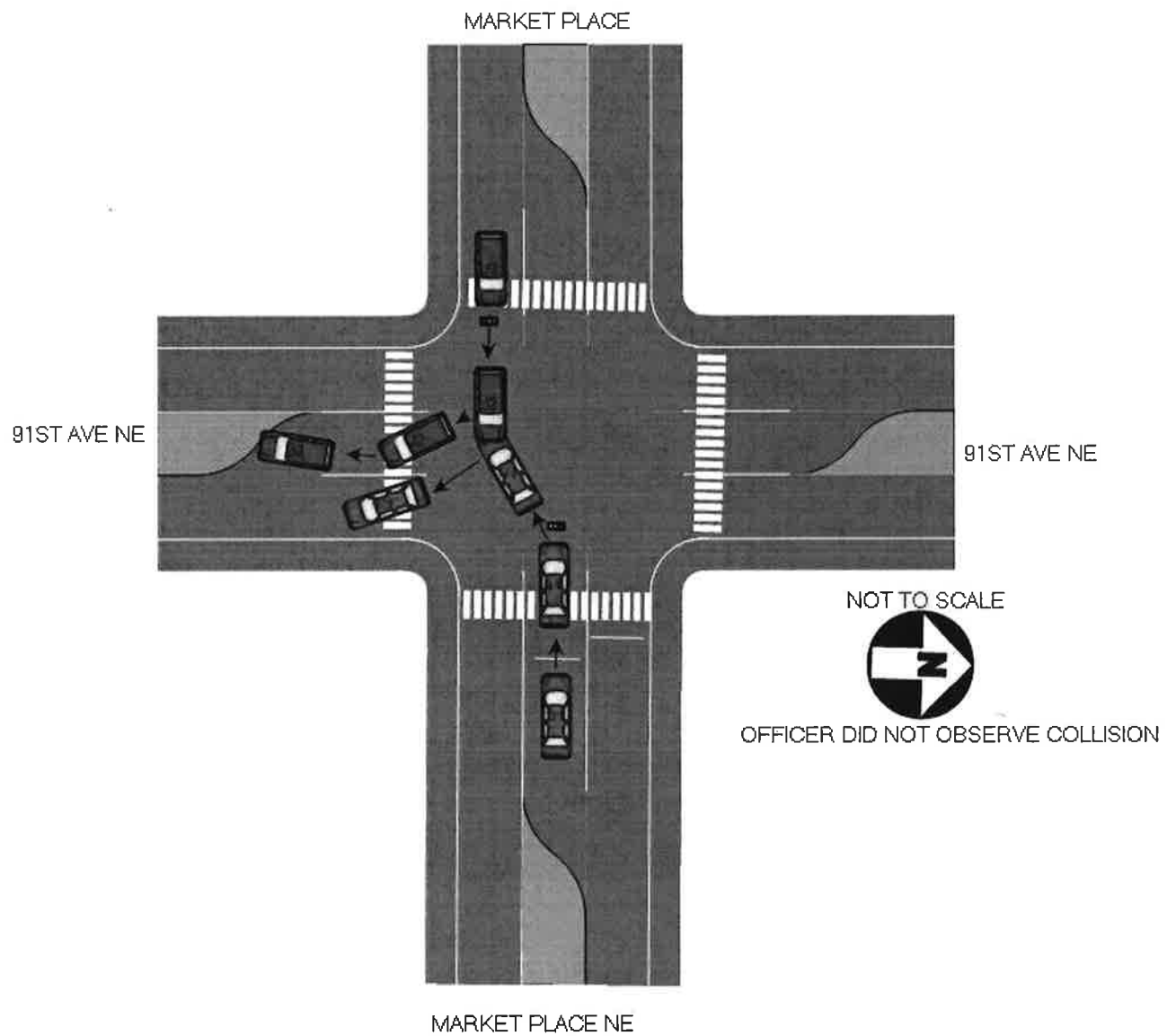
WA0311900

TIME POLICE DISPATCHED

6:58 AM

TIME POLICE ARRIVED

6:59 AM



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-00783



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Goertz, Amanda C	RACE	ETH	SEX F	DOB 5-12-70	AGE 44	HGT	WGT	HAIR	EYES
STREET ADDRESS 12004 30th St NE		CITY LK Stevens		STATE WA		ZIP 98250		RES. STATUS		
HOME PHONE 425-397-3543		CELL PHONE 425-422-8684		PLACE OF EMPLOYMENT Future of Flight						
WORK PHONE 425-438-8100 x245		EMAIL ADDRESS dan.amanda@comcast.net								

I, Amanda Goertz, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEM(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

directly
I was behind the truck involved in the collision traveling E on Market Place towards Hwy 9. At the signal (91st + Market Place) the driver of the truck was proceeding across 91st at a green light. The red car left turned in a hurry & the truck braked & turned towards the right in an effort to miss the oncoming red car. Impact occurred on the right front of the red car - which was just beginning its left turn as the truck was half way across the intersection.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Amanda C. Goertz</u>	DATE SIGNED <u>3/25/15</u>	LOCATION SIGNED <u>91st + Market Pl., LK Stevens</u>
OFFICER/NUMBER: <u>Alexander #72</u>	DATE SIGNED <u>3/25/2015</u>	LOCATION SIGNED <u>LAKE STEVENS, WA</u>

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 15-00783



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) TAFIL, Daniel Scott	RACE	ETH	SEX M	DOB 05-03-67	AGE 47	HGT 5-11	WGT 180	HAIR Brown	EYES Blue
STREET ADDRESS 21830 68th PL NE.		CITY Granite Falls		STATE WA		ZIP 98251		RES. STATUS		
HOME PHONE 360-691-4248		CELL PHONE 425-293-2086		PLACE OF EMPLOYMENT Saker Corp						
WORK PHONE 425-347-8811		EMAIL ADDRESS DANIELTAFIL@AOL.COM								

I, Daniel S. Tafil, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was driving westbound marketplace headed to work at the intersection of 91st Ave. NE having a green light, as I entered the intersection, a red vehicle (passenger) turned left in front of me, I applied my brakes + slid into the car turning left in front of me. I rolled off to the right after impact, + drove forward to the next street south a cul-de-sac + parked my vehicle. I was given info from two witnesses stating, I had the green light.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Daniel S. Tafil</u>	DATE SIGNED 03-25-15	LOCATION SIGNED intersection of 91st marketplace
OFFICER/NUMBER: <u>TURKMAN #72</u>	DATE SIGNED 3/25/2015	LOCATION SIGNED LAKE STEVENS, WA

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PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-00783



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Aaenson Kathrine M	RACE	ETH	SEX	DOB 7/22/66	AGE	HGT	WGT	HAIR	EYES
STREET ADDRESS 6108 Menzel W Rd		CITY Granite Falls		STATE WA		ZIP 98259		RES STATUS		
HOME PHONE		CELL PHONE 425-350-6708		PLACE OF EMPLOYMENT Lake Stevens SD						
WORK PHONE 425-335-1654		EMAIL ADDRESS c.aenson@gmail.com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEM(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

At 6:55, I was travelling west on Market Pl, in the left turn lane waiting to turn south on 91st Ave NE. The light was green (solid).

A Burgundy 4 door two cars ahead of me made a left turn directly in front of an oncoming vehicle who was traveling east through the intersection.

The oncoming vehicle (dark gray suburban) hit the burgundy 4 door, pushing ~~back~~ the car to the SE corner of the intersection. Looks like the airbags deployed in 4-door.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 3/25/15	LOCATION SIGNED At scene (Lake Stevens)
OFFICER/NUMBER: Auerkilian #72	DATE SIGNED 3/25/2015	LOCATION SIGNED Lake Stevens, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-00783



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Cavinaw, Heidi Anne	RACE A	ETH W	SEX F	DOB 6/20/73	AGE	HGT	WGT	HAIR	EYES
STREET ADDRESS 3015 114th Ct NE		CITY Lake Stevens		STATE WA		ZIP 98250		RES. STATUS		
HOME PHONE 425-210-7877		CELL PHONE		PLACE OF EMPLOYMENT Buck Real Estate						
WORK PHONE		EMAIL ADDRESS hcavinaw@gmail.com								

I, Heidi Cavinaw, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Heading west on Market place Rd, Red Mazda was in front of me. We were turning left light was green but green arrow was not on. Driver was a ways back from line to turn. At last minute ~~car~~ Mazda turned left directly in front of oncoming traffic. Oncoming truck swerved to miss Mazda and hit on passengers front side. Lady inside Mazda was hysterically crying as I was 1st to reach her. She had a daughter in front seat. Both Belted in, Airbag went off.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE <u>Heidi Cavinaw</u>	DATE SIGNED <u>March 25</u>	LOCATION SIGNED <u>91st + Market Place</u>
OFFICER/NUMBER: <u>Alukelman #72</u>	DATE SIGNED <u>3/25/2015</u>	LOCATION SIGNED <u>LAKE STEVENS, WA</u>

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

EXCHANGE OF INFORMATION

OFFICER NAME: **W. AUKERMAN #72**
AGENCY: **LAKE STEVENS PD**

COLLISION: **03/25/15 06:58 AM**
DISPATCH: **03/25/15 06:58 AM**
ARRIVAL: **03/25/15 06:59 AM**

CASE#: **15-00783**
LOCATION: **MARKET PL BN:300**
AT 91ST AVE NE

NARRATIVE/ NOTES:

UNIT 1:	MOTOR VEHICLE -	2014 MGG PLATE: APT2244 (WA)	TOWED BY:
DRIVER: DEDE R SMITH		VEH OWNER: JAMES W SMITH	
ADDRESS: 2107 127TH DR NE LAKE STEVENS, WA 982589780		ADDRESS: 2107 127TH DR NE LAKE STEVENS, WA 98258	
DL #: SMITHDR224NK		STATE: WA	
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY: STATE FARM		INSURED BY: STAE FARM	
POLICY #: 190 6269-E15-47		POLICY #: 190 6269-E15-47	
UNIT 2:	MOTOR VEHICLE -	1999 FORD EXPDTN PLATE: AFZ8577 (WA)	TOWED BY:
DRIVER: DANIEL S TAFIL		VEH OWNER: DANIEL TAFIL	
ADDRESS: 21830 68TH PL NE GRANITE FALLS, WA 982529380		ADDRESS: 21830 68TH PL NE GRANITE FALLS, WA 98252	
DL #: TAFILDS331KC		STATE: WA	
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY: NATIONAL GENERAL		INSURED BY: NATIONAL GENERAL	
POLICY #: 31488		POLICY #: 31488	

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

15-00783

TOW / IMPOUND
AND INVENTORY RECORD

- ☒ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM _____
☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.
☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN

J M I G J 1 V 5 X E 2 1 0 5 8 8 P

LICENSE

APT2244

STATE

WA

YEAR

2014

MAKE

MAZ

MODEL

40R

MILEAGE

☐ Report of Sale

☐ Digital

STYLE

COLOR

RED

DRIVER

NAME (LAST, FIRST, MI)

SMITH, DEDE R

STREET ADDRESS

2107 127TH DR NE

CITY, STATE, ZIP CODE

LAKE STEVENS, WA 98258

PHONE

DOB

8/12/78

REGISTERED OWNER

NAME (LAST, FIRST, MI)

SAME AS DRIVER

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

LEGAL OWNER

NAME (LAST, FIRST, MI)

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 3/25/15 AT 0700 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE SPEEDWAY TOWING

TO REMOVE THIS VEHICLE FROM 91ST & MARKET PL (TOWING FIRM)

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE Dele Smith DOL TOW TRUCK NO. 534803 DATE 3-25-15

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED <input type="checkbox"/> KEYS [] <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> AUDIO TAPES / CD'S [] <input type="checkbox"/> CB RADIO <input type="checkbox"/> RADAR DETECTOR <input type="checkbox"/> TRUNK LOCKED <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER _____	<input type="checkbox"/> FRONT <input type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input checked="" type="checkbox"/> OTHER <u>FRONT COLLISION</u> <u>WITH AIR BAG DEPLOYMENT</u>		

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

VEH INVOLVED IN BLOCKING
COLLISION - DRIVER TRANSPORTED
TO HOSPITAL

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

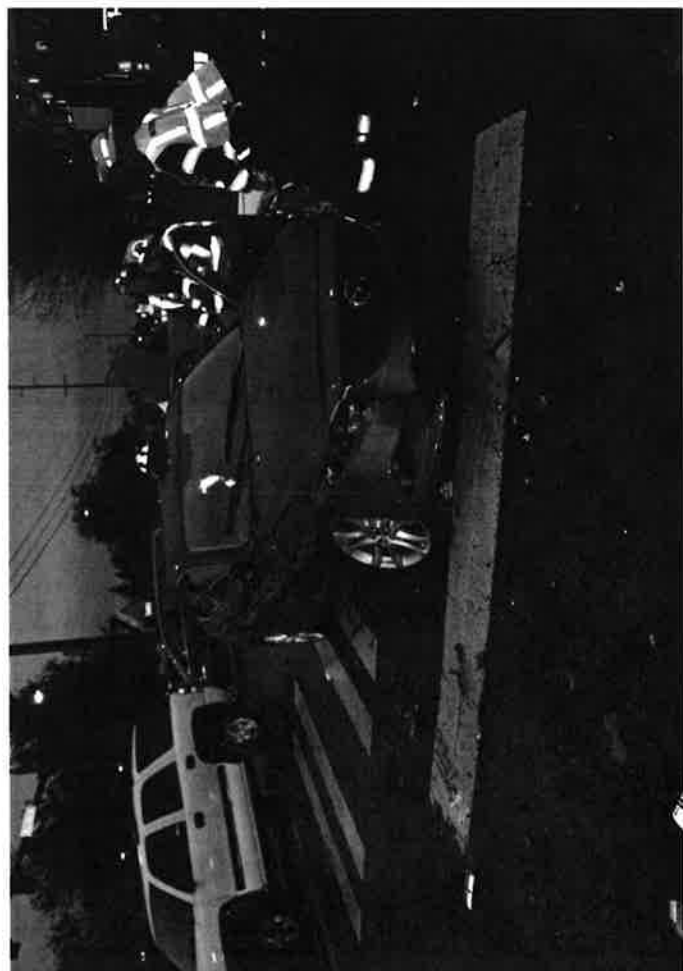
OFFICER'S SIGNATURE X S. WAKBIS
SNODHOMISH
 COUNTY, WA
BADGE NO. 112

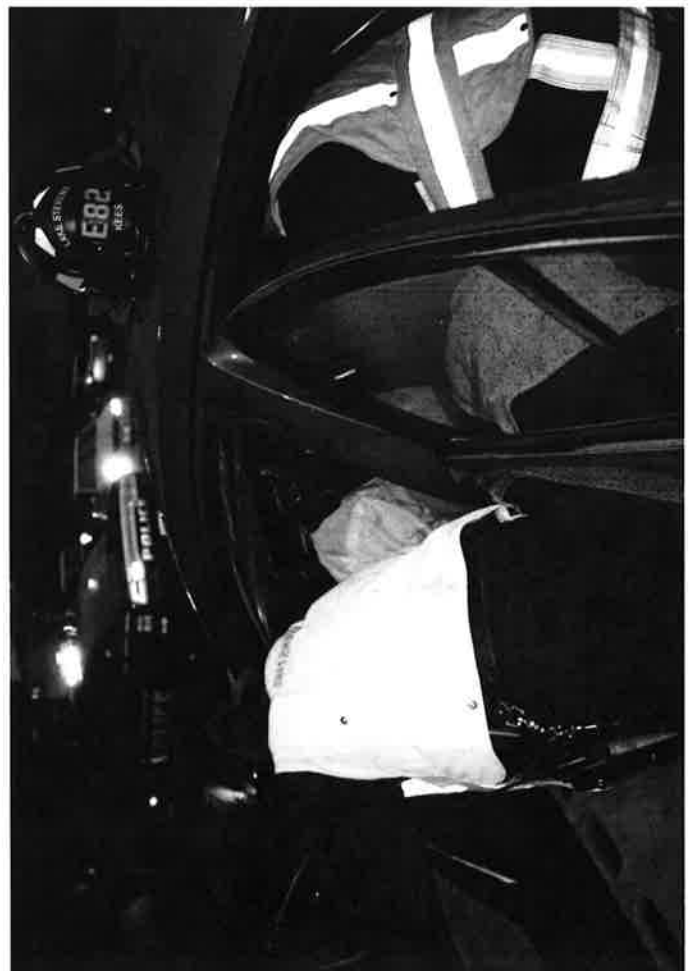
DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE X

Case # 15-00783

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>ANDERMAN #72</i>		Case Number <i>15-00783</i>			
Type of Crime: <input checked="" type="radio"/> Felony / <input type="radio"/> Misdemeanor (Circle)		Type of Case: <i>COLLISION</i>		Date/Time: <i>3/25/2015 0945</i>			
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfkg will be held for 60 days or 60 days past owner notification					
Item # <i>1</i>	Item <i>CD-126</i>		Brand Name <i>COMPRESSOR</i>		Storage Location	Disposition	
Action # <i>3</i>	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found <i>300 91/AVE NW LKS</i>	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>POS 72</i>							
Item #	Item		Brand Name		Storage Location	Disposition	
Action #	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item		Brand Name		Storage Location	Disposition	
Action #	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item		Brand Name		Storage Location	Disposition	
Action #	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item		Brand Name		Storage Location	Disposition	
Action #	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item		Brand Name		Storage Location	Disposition	
Action #	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Evidence Control Use Only:							
Received by Evidence:		NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____		
Name: _____ # _____		NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room		
Date: _____ Time: _____		NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File		









03/25/15 11:50:18 FROM ACCESS - DATABASE ID: WACIC
WA0311900
ENTERED EVI LIC/APT2244 VIN/JM1GJ1V5XE1105880
WAC/15V0033355 OCA/5348
03/25/2015 AT 11/50
BE ADVISED THAT PD LAKE STEVENS PREVIOUSLY INQUIRED ON: LIC/APT2244
AT 07:14 ON 03/25/2015 FROM SES3 MNE(SES3)
BE ADVISED THAT PD LAKE STEVENS PREVIOUSLY INQUIRED ON: LIC/APT2244
AT 07:16 ON 03/25/2015 FROM SE936 MNE(SE936)
BE ADVISED THAT PD LAKE STEVENS PREVIOUSLY INQUIRED ON: LIC/APT2244
AT 11:48 ON 03/25/2015 FROM SE925 MNE(SE925)

SS80

SS1000

03/25/15 11:50:20 FROM ACCESS - DATABASE ID: NLETS

NEA. ILNATBC00

11:50_03/25/2015_36688

11:50_03/25/2015_27281_WA0311900

*04AJ0005Y0

TXT

IMPOUND RECORD ADDED

VIN/JM1GJ1V5XE1105880.FIL/I1508401457.

SS 20

03/25/15 11:52:18 FROM ACCESS- DATABASE ID: WACIC FOR UNIT: ??????
QV. WA0311925. LIC/APT2244
----- RECORD NUMBER 1 OF 1 -----
EXACT MATCH
NO WANTS-IMPOUNDED VEHICLE (BASED ON LIC, LIS)
MKE/EVI ORI/WA0311900 LIC/APT2244. WA. 2016. PC
VIN/JM1GJ1V5XE1105880. 2014. MAZD. . 4D. RED DOT/03/25/2015
OCA/5348
MIS/VERIFY 360 563 5630
ENT: 03/25/2015 AT 1150 FROM SE925 BY/PD LAKE STEVENS (EVECC)
WAC/15V0033355

Entered	03/25/15	06:58:29	BY SPDF25	SP0189
Dispatched	03/25/15	06:58:47	BY SPSC40	SP0100
Enroute	03/25/15	06:58:47		
Onscene	03/25/15	06:59:50		
Closed	03/25/15	07:46:45		

Initial Type: COLP Initial Alarm Level: Final Alarm Level:

Final Type: COLP (COLLISION, PRIORITY) Pri: 1 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: WEST

Src: T

Loc: 91 AV NE/MARKET PL , LKS (V)

Loc Info:

Name: ANESON, KATHERINE

Addr:

Phone: 4253506708

/0658	(SP0189)	ENTRY		, TBONE ACC W/AIRBAG DEPLOYMENT, BLKING,
/0658	(SP0100)	DISPER	19D2	#SS72 AUKERMAN, OFFICER (WAYNE)
/0658		ASSTER	19D1	#SS112 WARBIT, OFFICER (STEVE)
/0658	(SP0189)	CROSS		#AG15000805
/0659	(SP0137)	SUPP		TX: WITNESS MACIEJEWSKI, BETHANY 425.652.8688
/0659	(SP0100)	ONSCNE	19D2	
/0659	(SP0189)	SUPP		NAM: ANESON, KATHERINE, PHO: 4253506708, TX: DRK COLOR SUV AND MAROON 4 DR PC
/0659	(SP0100)	ASSTER	19S10	#SS13 BROOKS, SGT (RON)
/0659?	(SP0285)	SUPP		NAM: TAFIS, DANIEL, ADR: INVOLVED PARTY, PHO: 4252932086
/0700	(SP0100)	SUPP		TX: PD OS, PATIENT CABN, COMPLAINING OF CHEST P X DUE TO AIR BAG DEPLOYMENT
/0704		ONSCNE	19S10	
/0705		ASNCAS	19D2	\$SS15000783
/0706		ROTRER	19D2	TOW 5348 LKS SPEEDWAY TOWING INC 3605635630
/0713	(SS112)	*ONSCNE	19D1	
/0714		REMINQ	19D1	MDTVEH, APT2244, , WA, , , , , , , , , ,
/0715		REMINQ	19D1	MDTVEH, 032515, , WA, , , , , , , , , ,
/0716	(SS72)	REMINQ	19D2	MDTVEH, APT2244, , WA, , , , , , , , , ,
/0716	(SS112)	REMINQ	19D1	MDTVEH, 032515, , WA, , , , , , , , , ,
/0716	(SS72)	REMINQ	19D2	MDTVEH, AFZ8577, , WA, , , , , , , , , ,
/0717		REMINQ	19D2	MDTWANT, TAFIL, DANIEL, S, 050367, , , WA, , , , , , , , , ,
/0721	(SP0166)	CLEAR	19D1	
/0730	(SS72)	*MISC	19D2	, TOW ON SCENE
/0746	(SP0100)	CLEAR	19D2	D/H
/0746		CLEAR	19S10	D/H
/0746		CLOSE	19S10	